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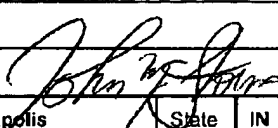
Examiner Name _____

008022-000120.GGRON.266608 WEMMH SB/01 (12-03)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|--|---|--|----------------|--|---|---------------------|-------------|
| I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. | | | | | | | |
| U.S. Parent Application or PCT Number | | Parent Filing Date (MM/DD/YYYY) | | | Parent Patent Number (If applicable) | | |
| | | | | | | | |
| <input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. | | | | | | | |
| As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: | | | | | | | |
| <input type="checkbox"/> Customer Number | | | | | Place Customer Number Bar Code Label Here | | |
| OR | | | | | | | |
| <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below. | | | | | | | |
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| Gary M. Gron | | 24,293 | | | | | |
| <input checked="" type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto. | | | | | | | |
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| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | |
| Name of Sole or First Inventor: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| John M. | | | | Storm | | | |
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| DECLARATION | | Registered Practitioner Information (Supplemental Sheet) | |
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ADDITIONAL INVENTOR(S)
Supplemental Sheet
PTO/SB/02A
Page ____ of ____

| | | | | | | | | | |
|--|---|--|-------|------------------------|---------|-------|-------------|-----|--|
| Name of Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | | | | | | | |
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| Inventor's Signature | | | | | | Date | | | |
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| Name of Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | | | | | | | |
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